

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM 10-205

SERIAL NO.

101067365

FILED DATE

4/13/05

APPLICANT'S SIGNATURE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1	1			51						
2				1			52						
3				1			53						
4				1			54						
5				1			55						
6				2			56						
7				2			57						
8				2			58						
9				1			59						
10							60						
11				1			61						
12				1			62						
13				1			63						
14							64						
15							65						
16				1			66						
17			1				67						
18							68						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			17				TOTAL DEP.						
TOTAL CLAIMS			19				TOTAL CLAIMS						

BEST AVAILABLE COPY